

Case Number:	CM15-0199319		
Date Assigned:	10/14/2015	Date of Injury:	05/05/2015
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old male who reported an industrial injury on 5-5-2015. His diagnoses, and or impressions, were noted to include: genital trauma, sequelae; orchitis and epididymitis. The history noted left inguinal hernia in 1999. X-rays of the right hip and pelvis were done on 5-5-2015 noting negative examination, and of the lumbar spine noting a mildly displaced fracture of the lumbar 4 vertebral body. His treatments were noted to include: urological evaluations: physical therapy (7-2015); medication management; and rest from work before a return to modified work duties. The urology progress notes of 9-2-2015 reported: resolving discomfort in the scrotal area that was noted with diffuse tenderness over the right scrotum and inguinal area and swelling of the right scrotum, as well as resolved urinary urgency (from the June 6, 2015 examination); pain in his scrotal area with erections; pain in the inguinal area with any type of exercise, work and sexual activity; reduced pain, rated 3 out of 10, from June when his pain was rated 7 out of 10; and improved but continued symptoms. The objective findings were noted to include: a within normal limit genitourinary examination; no retention per ultrasound; normal male genitalia with no signs of hydrocele hernia or any other pathology; normal, non-enlarged and non-tender testicles; and resolving but still apparent pain symptoms from apparent pelvic contusion. The physician's request for treatment was noted to include: no treatment at that time; a return visit in 3 months' time; and an in-office bulbocavernosus reflex latency exam for any further urologic complaints, as requested and authorized. The Request for Authorization, dated 9-4-2015, was noted to include 1 bulbocavernosus. The Utilization Review of 9-14-2015 non-certified the request for a diagnostic bulbocavernosus reflex latency examination.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bulbocavernosus reflex latency exam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 63 year old male has complained of pelvic pain, genital pain and low back pain since date of injury 5/5/15. He has been treated with urologic evaluation, physical therapy and medications. The current request is for bulbocavernosus reflex latency exam. There is no provider rationale included in the available medical records regarding the necessity of this testing. The most recent provider note documents that no further treatment is indicated. On the basis of the available medical documentation and per the guidelines cited above, bulbocavernosus reflex latency exam is not indicated as medically necessary.